

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: *(check one applicable item below)*

☒ original

☐ design

☐ supplemental

☐ divisional

☐ continuation

☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION: DISPERSANT-VISCOSITY IMPROVERS FOR LUBRICATING
OIL COMPOSITIONS

SPECIFICATION IDENTIFICATION

the specification of which: *(complete (a), or (b))*

(a) ☒ is attached hereto.

(b) ☐ was filed on _____ as ☐ Serial No. 08/_____ or ☐ Express Mail
No. _____, as Serial No. 08/_____ and was amended on
_____ *(if applicable)*.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number.)*

Frederick D. Hunter, Sr., 26,915
James L. Cordek, 31,807
Joseph P. Fischer, 31,758

David M. Shold, 31,664
John H. Engelmann, 28,075
William J. Connors, 31,208

SEND CORRESPONDENCE TO

THE LUBRIZOL CORPORATION
 Patent Dept. - Patent Administrator
 29400 Lakeland Boulevard
 Wickliffe, Ohio 44092-2298

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

Joseph P. Fischer
 (216) 943-1200, Ext. 4503

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor Richard M. Lange
Richard M. Lange
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature Richard M. Lange

Date Sept. 13, 1996 Country of Citizenship U.S.A.

Residence 155 East 207th Street, Euclid, Ohio 44123

Post Office Address Euclid, Ohio

Full name of second joint inventor, if any _____

 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address _____

☒ This declaration ends with this page